

- Prison Personnel Manual*
2. Under no conditions will any mail be read, reproduced, censored, or delayed in delivery without specific written instructions of the Warden or Deputy Warden.
 3. Normal inspection for contraband of packages and incoming non-privileged mail will continue and be carefully done, including the use of the metal detector.
 4. All out-going mail may be sealed; inspection will be by the metal detector.
 5. Any special mail, i.e., registered or special delivery, etc. from:
 - a. Lawyers
 - b. Judges
 - c. Elected Federal, State or Local officials
 - d. Appointed Federal or State officialswill be signed for and personally delivered to the inmate addressee without delay. For the protection of the Corrections Officer, the inmate will sign a receipt specifying he/she received the mail, from whom, the date and the time. A copy will be placed in the inmate's permanent file.
 6. Per-diem personnel shall not handle any mail or inspection.
 7. All outgoing mail will be collected by the first shift after breakfast. The outgoing mail will be ready for mailing by 9:00 a.m. and will be placed in the mailbox in the Control Room.
 8. All regular incoming mail and packages will be accepted, processed and delivered by the officers on day turn shift.
 9. All incoming mail received for inmates or employees no longer at the institution will be forwarded.
 9. All money received in the mail must be receipted and a copy given to the inmate receiving the money.
 10. Any incoming magazines or photographs, which portray or depict sexually explicit material will be refused and returned. This is defined as anything that shows male or female frontal nudity. The Warden shall have the final review of any materials that might be refused due to the sexually explicit content in the material.

INMATE VISITING POLICY

It is the policy of the Venango County Prison to permit inmates to have visits with family, friends and their attorneys under conditions consistent with the security of the Prison.

Such policy and procedures are contained in the Inmate Handbook and is presented to inmates at the time of their commitment.

Inmates Telephone Calls

All telephone calls or requests by the staff on behalf of inmates for telephone calls to any department outside the Prison will be taken to the

supervisor in charge. For no reason will any Correctional Officer call any office in the Courthouse or any other agency outside of the Courthouse for any inmate, without permission from the supervisor in charge.

Legal Calls

Telephone calls to attorneys or other legal representatives will be permitted to any inmate on request as soon as reasonably possible. Inmates will be advised in the orientation process of how to obtain a confidential legal phone call. Staff members will place the calls in this category on institutional phones that are not subject to monitoring or taping. Ordinarily, incoming phone calls from attorneys will not be permitted. In the event of an imminent legal issue, staff will give the inmate a message to call the attorney and, if the inmate desires, will place the call on an unmonitored, untapped phone line.

Emergency Calls

In an emergency, staff may arrange for an inmate to receive an incoming phone call. Ordinarily, calls in this category will involve a serious family illness, death or impending disaster related to the inmate's family or property.

Locked Unit

Inmates in locked and other special housing statues will be eligible for telephone calls on a limited basis, using a system established by the Warden. Inmates in disciplinary detention will be permitted only emergency and attorney phone calls.

The Prison utilizes an Objective Jail Classification system to classify each inmate that comes into the Prison. This system is based on an inmates risk and needs. The inmate is also classified according to current and past charges as well as current and past institutional behavior. Inmates are classified into minimum, medium, or maximum security. Inmates can also be classified into Administrative Segregation according to criteria, which would place them at either at risk or place other inmates at risk due to the inmate's behavior.

You will be classified upon your commitment and will be scheduled for a reclassification every 60 days. If your status has changed for any reason, i.e.: sentenced, misconducts, or other reasons you will have to be reclassified before any change to your housing will occur.

Due to your classification, you may or may not be eligible for certain programs offered inside or outside the Prison. As your security risk increases, your programming privileges decrease. Minimum security inmates will have the greatest amount of privileges and inmates in segregation will have the fewest amount of privileges available to them due to the increased risk they present.

Clothing

The Prison will issue to each inmate one set of prison-issued clothes and one pair of shoes/sandals. Prison clothing is exchanged three times a week. Care of all clothing issued to an inmate will be the inmate's responsibility and he/she will be held accountable for its use. The Prison will not be responsible for any personal clothing inmates are permitted to retain. An officer may request the cleaning of an inmate's clothing at any time he/she believes it necessary to preserve the sanitary condition of the Prison.

Complete Prison uniforms, consisting of the uniform pants, shirt, and shoes (slippers) must be worn between the hours 0800-1700 Monday through Friday. After hours, you may wear prison issued pants, a plain white T-shirt or prison shirt.

T-shirts may not have any writing or other graphic design on them, unless they are purchased from the prison.

All clothing must be worn and kept in the condition as designed by the manufacturer.

You must be fully and properly clothed when outside your cell. This includes shirt and pants, socks, shoes. Pants must be pulled up around the waist. Your T-shirt must be tucked into your pants, NOT into your undershorts. Your uniform shirt does not have to be tucked into your pants. Pant legs cannot be "pegged", although you will be allowed to roll up pant legs that are too long.

Inmates going to or returning from the showers are to be fully clothed when outside of the shower areas.

Verdugo County Prison
Inmate Handbook

Exhibit DD

Inmate: FEDOREK, JENNIFER A

Booking #: 04-1326

Permanent ID: 02-0015

Section	Block	Cell	Bed	Location	Date Inmate Moved Here	Date Time Vacated	Inmate Permanently Released	Reason for Moving Inmate Here
D-BLOCK	D	125	B	MAIN	06/08/2005 14:34	07/26/2005 09:38		
HOLDING	H	4	2	MAIN	05/30/2005 23:41	06/08/2005 14:34	2 MATCH GREASEBOARD AGAIN	
HOLDING	H	2	3	MAIN	03/30/2005 10:38	05/30/2005 23:41	PER OSTROWSKI	
HOLDING	H	1	1	MAIN	03/30/2005 10:21	03/30/2005 10:38	PER OSTROWSKI	
W-LOWER	W	153	A	MAIN	03/04/2005 09:37	03/30/2005 10:21	This is the time she left W Block to go to Holding	
W STOREROOM	W	A	10	MAIN	03/04/2005 09:36	03/04/2005 09:37		
C-LOWER	C	122	B	MAIN	01/28/2005 13:31	03/04/2005 09:36		
OTHER	OTHER	11	11	MAIN	01/28/2005 09:21	01/28/2005 13:31	HOUSED IN CELL 122 NOT AVAILABLE IN COMPUTER	
HOLDING	H	2	1	MAIN	01/21/2005 22:17	01/28/2005 09:21	SUICIDE WATCH	
W-LOWER	W	153	B	MAIN	12/11/2004 22:28	01/21/2005 22:17	ROUTINE	
W STOREROOM	W	A	4	MAIN	12/04/2004 21:24	12/11/2004 22:28	ROUTINE	
						12/04/2004 21:24		

W-block	12-4-04 thru	1-21-05
Suicide watch	1-21-05 -	1-28-05
C-block	1-28-05 -	3-4-05
W-block	3-4-05 -	3-30-05
Holding	3-30-05 -	6-8-05
D-block	6-8-05 -	7-26-05

VCP 000000302

7/6/2006

Venango County Prison

Initial Commitment Screening

Date: 12/04/04

L: 09/05/78

Commitment's Name: JENNIFER ANN PEDUREK

Correctional Officer Observations: (Circle Yes or No to the following questions)

- Physical Condition at intake: Good Fair X Poor
- Yes No Does the Commitment have visible injuries or illness requiring immediate medical treatment?
- Yes No Does the Commitment appear to be under the influence of Alcohol or exhibit signs?
- Yes No Does the Commitment appear to be under the influence of drugs or exhibit signs?
- Yes No Does the Commitment have any prescription medications with them?
- Yes No Does the Commitment's behavior suggest a risk of suicide?
- Yes No Was the Commitment provided medical treatment prior to commitment? If yes, Note treatment, medications, etc below or attach documentation to this form.
- Yes No Was the Commitment given a PBT before or upon commitment to the Prison? BAC

Explain any positive responses here:

Transporting Officer: M. M. J. ORRICK (Circle Yes or No to the following questions)

- Yes No Was the Commitment given medical treatment prior to commitment?
- Yes No Has the Commitment expressed or exhibited any suicidal behavior?
- Yes No Is the Commitment under the influence of drugs or alcohol? BAC
- Yes No Is there anything the Prison should know about the Commitment?

Explain any positive responses here:

Commitment Responses: (The reporting C.O. shall circle Yes or No to the following questions)

- Yes No Are you under the influence of drugs or alcohol?
- Yes No Do you believe you might experience drug or alcohol withdrawal?
- Yes No Do you have a medical or mental health condition requiring medication?
- Yes No Do you have any other medical or mental health problems we should know about? ← Food allergy?
- Yes No Have you been hospitalized recently? If yes, Where?
- Yes No Have you ever been in a mental health facility? If yes, When/ where?
- Yes No Have you ever attempted or thought about killing yourself?
- Yes No Are you now thinking of killing yourself?
- Yes No Do you have any medical / dental insurance? If yes, list Company: Arrest, IPMC 4 U

Explain any positive responses here:

I agree that the above information is true and correct and may be provided to any counselor or attending physician.

I also give my permission to the Prison to obtain any necessary information from my Medical, Mental Health, and/or Drug & Alcohol treatment providers during my incarceration in the Prison.

[Signature]
Inmate's Signature

[Signature]
C.O.'s Signature (Witness)

If notification of medical or mental health personnel is required, complete below:

Time and Date of notification: 12-6-04

VCP 000000213

Whom did you notify: [Signature]

EXHIBIT FF

7/6/2006

INITIAL INMATE NEEDS ASSESSMENT FORM

INMATE'S NAME (LAST FIRST) FEDOREK, JENNIFER ID 041321
 ASSESSMENT DATE 12/7/04 CLASSIFICATION OFFICER P/O Anderson
 SUPERVISOR'S SIGNATURE _____ DATE _____

HEALTH:

- | | | |
|---|---|--|
| 1. LIMITED PHYSICAL CAPACITY ACUTE ILLNESS; NEEDS HOSPITALIZATION OR OUT PATIENCE TREATMENT | 2. MILD DISABILITY OR ILLNESS; OUTPATIENT TREATMENT REQUIRED NON-STRENUOUS WORK | 3. NO PROBLEMS WHICH LIMIT HOUSING OR WORK ASSIGNMENTS |
|---|---|--|

EMOTIONAL STABILITY:

- | | | |
|--|--|---|
| 1. SEVERE IMPAIRMENT DANGER TO SELF, OTHERS NEEDS HOSPITAL ENVIRONMENT | 2. MODERATE IMPAIRMENT REQUIRES MONITORING INDIVIDUAL OR GROUP THERAPY | 3. EMOTIONALLY TABLE NO INDICATIONS OF MENTAL ILLNESS |
|--|--|---|

EDUCATION:

- | | | |
|--|---|---|
| 1. 5th GRADE OR BELOW READING, MATH SKILLS NEEDS REMEDIAL OR SPECIAL EDUCATION CLASSES | 2. NO H.S. DIPLOMA NEEDS ADULT EDUCATION OR G.E.D PROGRAM | 3. HIGH SCHOOL DIPLOMA, G.E.D OR EQUIVALENT |
|--|---|---|

VOCATIONAL SKILL:

- | | | |
|--|---|---|
| 1. NO DISCERNIBLE SKILLS; NEEDS TRAINING | 2. LIMITED SKILLS ABILITY TO HOLD SEMI-SKILLED POSITION; NEEDS TRAINING | 3. POSSESSES MARKETABLE SKILLS OR TRADE |
|--|---|---|

SUBSTANCE ABUSE:

- | | | |
|---|---|---|
| 1. FREQUENT ABUSE RESULTING IN SOCIAL ECONOMIC OR LEGAL PROBLEMS, NEEDS TREATMENT | 2. OCCASIONAL ABUSE CAUSING DISRUPTION OF FUNCTIONING | 3. NO DISRUPTION OF FUNCTIONING OR LEGAL DIFFICULTIES |
|---|---|---|

MENTAL ABILITY:

- | | | |
|---|---|------------------------------|
| 1. SERIOUS DISABILITY LIMITING ABILITY TO FUNCTION, NEEDS SHELTERED | 2. MILD DISABILITY LIMITED EDUCATIONAL VOCATIONAL POTENTIAL LIVING, WORK SITUATIONS | 3. NO DISCERNIBLE DISABILITY |
|---|---|------------------------------|

INITIAL PROGRAM RECOMMENDATIONS:

PRIORITY CODE

1. N/A

2. _____

PRIORITY CODES 1. URGENT IMMEDIATE NEED

VCP 000000214

2006

INITIAL CUSTODY ASSESSMENT

SCALE SUMMARY AND RECOMMENDATIONS

CUSTODY LEVEL INDICATED BY SCALE MEDIUM CODE _____
 1. MINIMUM 2. MEDIUM 3. MAXIMUM

CUSTODY CLASSIFICATION CHART

PRE-HEARING, PRE-SENTENCED, BENCH WARRANTS OR DETAINER MEDIUM
 7 OR MORE POINTS ON ITEMS 1-3 _____ MAXIMUM
 6 OR FEWER POINTS ON ITEMS 1-7 _____ MINIMUM
 6 OR FEWER POINTS ON ITEMS 1-7 DETAINER FOR/MONEY/UNPAID FINES
 WARRANT/DEM. RELATIONS ONLY----- MINIMUM RISK "BLUE"
 6 OR FEWER POINTS ON ITEMS 1-7 WITH DETAINER/WARRANTS _____ MEDIUM
 7-10 POINTS ON ITEMS 1-7 _____ MEDIUM
 11 OR MORE POINTS ON ITEMS 1-7 _____ MAXIMUM

CHECK (X) ALL THE SPECIAL MANAGEMENT CONCERNS WHICH APPLY TO THIS INMATE

<input type="checkbox"/> PROTECTIVE CUSTODY	<input type="checkbox"/> KNOWN MANAGEMENT PROBLEM
<input type="checkbox"/> PSYCHOLOGICAL IMPAIRMENT	<input type="checkbox"/> SUSPECTED DRUG TRAFFICKER
<input type="checkbox"/> MENTAL DEFICIENCY	<input type="checkbox"/> SUICIDE RISK
<input type="checkbox"/> ESCAPE THREAT	<input type="checkbox"/> MEDICAL PROBLEM
<input type="checkbox"/> SERIOUS VIOLENCE THREAT	<input type="checkbox"/> PHYSICAL IMPAIRMENT
<input type="checkbox"/> KNOWN GANG AFFILIATION	<input type="checkbox"/> OTHER (SPECIFY)
<input type="checkbox"/> SUBSTANCE ABUSE PROBLEM	

OVERRIDE OF CUSTODY SCALE LEVEL IS RECOMMENDED NO CODE 2
 1. YES 2. NO

IF YES GIVE RATIONAL (required) _____

RECOMMENDED CUSTODY LEVEL
 1. MINIMUM 2. MEDIUM 3. MAXIMUM _____ CODE _____

DO YOU HAVE ANY ENEMY'S _____ YES _____ NO X
 DO YOU HAVE A CO-DEFENDANT _____ YES _____ NO X
 RECOMMENDED HOUSING ASSIGNMENT: GENERAL BLOCK W

OFFICER'S SIGNATURE C/O Andrew 032 DATE 12/7/04

SUPERVISOR'S APPROVAL OF OVERRIDE:

RECOMMENDED CUSTODY LEVEL
 1. APPROVED 2. DISAPPROVED (complete B) _____ CODE _____
 CUSTODY LEVEL (if override disapproved)
 1. MINIMUM 2. MEDIUM 3. MAXIMUM _____ CODE _____

B- (required if different from recommendation) _____

SUPERVISOR'S SIGNATURE _____ DATE _____

VCP 000000215

/2006

INITIAL CUSTODY ASSESSMENT

CUSTODY EVALUATION:

1. SEVERITY OF CURRENT CHARGES/CONVICTIONS (use of offense Scale: rate most serious charge/conviction, including any detainer/warrants)

LOW detainer 0
 MODERATE _____ 2
 HIGH _____ 5
 HIGHEST _____ 7

SCORE 0

2. SERIOUS OFFENSE HISTORY (use Severity of Offense Scale: rate most serious prior conviction)

NONE OR LOW _____ 0
 MODERATE _____ 1
 HIGH _____ 4
 HIGHEST _____ 7

SCORE 1

3. ESCAPE HISTORY (excluding current charge)

NO ESCAPES OR ATTEMPTS _____ 0
 WALK AWAY OR ATTEMPTED ESCAPE FROM MINIMUM SECURITY OF
 FAILURE TO RETURN FROM AUTHORIZED ABSENCE. _____ 3
 ESCAPE OR ATTEMPTED ESCAPE FROM MEDIUM OR MAXIMUM
 SECURITY SETTING _____ 7

SCORE 0

MAXIMUM CUSTODY SCORE (ADD items 1-3) ----- TOTAL SCORE 1

scores of 7 or higher assign to maximum custody

(always complete remaining items, but do not total score if inmate has already been assigned to maximum custody)

4. INSTITUTIONAL DISCIPLINARY HISTORY

NONE OR MINOR-WITH NO SEGREGATION TIME _____ 0
 1 OR MORE MAJOR DISCIPLINARY REPORTS AND/OR TIME
 IN SEGREGATION _____ 3

SCORE 0

5. PRIOR FELONY CONVECTION (excluding current charge)

NONE _____ 0
 ONE _____ 2
 TWO OR MORE _____ 4

SCORE 0

6. ALCOHOL/DRUG ABUSE

NO SOCIAL ECONOMIC OR LEGAL PROBLEMS RELATED TO ABUSE _____ 0
 ABUSE, RESULTING IN SOCIAL, ECONOMIC OR LEGAL PROBLEMS _____ 1
 ABUSE, RESULTING IN ASSAULTIVE BEHAVIOR _____ 3

SCORE 0

7. STABILITY FACTORS (deduct indicated points)

age 26 or over _____ (-1)
 EMPLOYED OR ATTENDED SCHOOL FOR 6 MONTHS
 PRIOR TO BEING ARRESTED _____ (-1)
 LIVED AT THE SAME ADDRESS FOR 12 MONTHS OR MORE _____ (-1)

SCORE -3TOTAL SCORE -1

COMPREHENSIVE CUSTODY SCORES (items 1-7)

VCP 000000216

INMATE NEEDS REASSESSMENT FORM

INMATES NAME: FEDOREK JENNIFER A. PERM ID#: 04-1326
 (LAST) (FIRST)

ASSESSMENT DATE: 02/05/05 CLASSIFICATION OFFICER: M. Murray #043

HEALTH

- | | | | |
|---|---|--|----------------|
| 1. LIMITED PHYSICAL CAPACITY, ACUTE ILLNESS; NEEDS HOSPITALIZATION OR OUTPATIENT TREATMENT. | 2. MILD DISABILITY OR ILLNESS; OUTPATIENT TREATMENT REQUIRED; NON-STRENUOUS WORK. | ③ NO PROBLEMS WHICH LIMIT HOUSING OR WORK ASSIGNMENTS. | CODE: <u>3</u> |
|---|---|--|----------------|

EMOTIONAL STABILITY

- | | | | |
|---|---|--|----------------|
| 1. SEVERE IMPAIRMENT; DANGER TO SELF, OTHERS; NEEDS HOSPITAL ENVIRONMENT. | 2. MODERATE IMPAIRMENT REQUIRES MONITORING INDIVIDUAL OR GROUP THERAPY. | ③ EMOTIONAL STABLE NO INDICATIONS OF MENTAL ILLNESS. | CODE: <u>3</u> |
|---|---|--|----------------|

EDUCATION

- | | | | |
|--|--|--|----------------|
| 1. 5 TH GRADE OR BELOW READING, MATH SKILLS; NEEDS REMEDIAL OR SPECIAL EDUCATION CLASSES. | 2. NO H.S. DIPLOMA; NEEDS ADULT EDUCATION OR GED PROGRAM | ③ HIGH SCHOOL DIPLOMA GED OR EQUIVALENT. | CODE: <u>3</u> |
|--|--|--|----------------|

VOCATIONAL SKILL

- | | | | |
|--|---|---|----------------|
| 1. NO DISCERNABLE SKILLS; NEEDS TRAINING | 2. LIMITED SKILLS: ABILITY TO HOLD SEMI-SKILLED POSITION; NEEDS TRAINING. | ③ POSSESSES MARKETABLE SKILLS OR TRADE. | CODE: <u>3</u> |
|--|---|---|----------------|

SUBSTANCE ABUSE

- | | | | |
|--|--|--|----------------|
| 1. FREQUENT ABUSE RESULTING IN SOCIAL, ECONOMIC, OR LEGAL PROBLEMS; NEEDS TREATMENT. | ② OCCASIONAL ABUSE; CAUSING DISRUPTION OF FUNCTIONING. | 3. NO DISRUPTION OF FUNCTIONING OR LEGAL DIFFICULTIES. | CODE: <u>2</u> |
|--|--|--|----------------|

MENTAL STABILITY

- | | | | |
|---|--|------------------------------|----------------|
| 1. SERIOUS DISABILITY LIMITING ABILITY TO FUNCTION; NEEDS SHELTERED LIVING, WORK SITUATION. | 2. MILD DISABILITY LIMITING EDUCATIONAL, VOCATIONAL POTENTIAL. | ③ NO DISCERNABLE DISABILITY. | CODE: <u>3</u> |
|---|--|------------------------------|----------------|

OTHER _____ CODE: _____

<u>PREVIOUS PROGRAM RECOMMENDATIONS</u>	<u>PROGRAM CODE</u>	<u>PRIORITY CODE</u>	<u>ADJUSTMENT CODE</u>
---	---------------------	----------------------	------------------------

- | | | | |
|----------|-------|-------|-------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |

NEW PROGRAM RECOMMENDATIONS

<u>PROGRAM CODE</u>	<u>PRIORITY CODE</u>
---------------------	----------------------

- | | | |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

PRIORITY CODES: 1. URGENT, IMMEDIATE NEED.
 2. PROBLEM DIRECTLY RELATED TO CRIMINAL BEHAVIOR/HIGH PRIORITY.
 3. PROBLEM RESOLUTION WOULD ENHANCE ABILITY TO SUCCEED IN COMMUNITY.

VCP 000000217

CUSTODY REASSESSMENT SCALE

REASSESSMENT REASON: ☒ ROUTINE ☐ DISCIPLINARY ☐ OTHER _____

IDENTIFICATION

INMATES NAME: FEDOREK (LAST), JENNIFER (FIRST), A. (MI) PERM ID#: 04-1326

REASSESSMENT DATE: ____/____/____ CLASSIFICATION OFFICER: _____

CUSTODY EVALUATION

1. SEVERITY OF CURRENT CHARGES/CONVICTIONS (USE OF OFFENSE SCALE: RATE MOST SERIOUS CHARGE/CONVICTION, INCLUDING ANY DETAINERS/WARRANTS).
 LOW..... 0 SCORE 1
 MODERATE..... CRIMINAL CONSPIRACY/FORGERY/THEFT BY DEPT. ① 4
 HIGH..... 4
 HIGHEST..... 6

2. SERIOUS OFFENSE HISTORY (USE SEVERITY: RATE MOST SERIOUS PRIOR CONVICTION).
 NONE OR LOW..... 0 SCORE 1
 MODERATE..... SIMPLE ASSAULT. ① 3
 HIGH..... 3
 HIGHEST..... 6

3. ESCAPE HISTORY (EXCLUDING CURRENT CHARGES).
 NO ESCAPES OR ATTEMPTS..... ① SCORE 0
 WALK AWAY OR ATTEMPTED ESCAPE FROM MINIMUM SECURITY OF FAILURE TO RETURN FROM AUTHORIZED ABSENCE..... 2
 ESCAPE OR ATTEMPTED ESCAPE FROM MEDIUM OR MAXIMUM SECURITY SETTING..... 6

- MAXIMUM CUSTODY SCORE (ADD ITEMS 1-3) SCORE 2
SCORE OF 7 OR HIGHER ASSIGN TO MAXIMUM CUSTODY
 (ALWAYS COMPLETE REMAINING ITEMS, BUT DO NOT SCORE IF INMATE HAS ALREADY BEEN ASSIGNED TO MAXIMUM CUSTODY).

4. NUMBER OF DISCIPLINARY CONVICTIONS (SINCE LAST CLASSIFICATION).
 NONE..... ① SCORE 0
 ONE..... 2
 TWO..... 4
 THREE OR MORE..... 6

5. MOST SERIOUS DISCIPLINARY CONVICTION (USE DISCIPLINARY SCALE, RATE DURING THIS PERIOD OF CONFINEMENT).
 NONE..... ① SCORE 0
 LOW..... 1
 MODERATE..... 2
 HIGH..... 5
 HIGHEST..... 7

6. ALCOHOL/DRUG ABUSE
 NO SOCIAL, ECONOMIC, OR LEGAL PROBLEMS RELATED TO ABUSE..... 0 SCORE 1
 ABUSE RESULTING IN SOCIAL, ECONOMIC, OR LEGAL PROBLEMS..... ① 3
 ABUSE RESULTING IN ASSAULTIVE BEHAVIOR..... 3

7. PRIOR FELONY CONVICTIONS (EXCLUDING CURRENT CHARGES)
 NONE..... ① SCORE 0
 ONE..... 1
 TWO OR MORE..... 2

COMPREHENSIVE CUSTODY SCORE (ITEMS 1-7)

SCORE 3

CUSTODY REASSESSMENT SCALE

SCALE SUMMARY AND RECOMMENDATIONS

CUSTODY LEVEL INDICATED BY SCALE: 1. MINIMUM 2. MEDIUM 3. MAXIMUM

CODE: 2

CUSTODY CLASSIFICATION CHART

7 OR MORE POINTS ON ITEMS 1-3.....MAXIMUM
5 OR FEWER POINTS ON ITEMS 1-7.....MINIMUM
5 OR FEWER POINTS ON ITEMS 1-7 <u>DETAINER/WARRANT</u> <u>MEDIUM</u>
6 TO 10 POINTS ON ITEMS 1-7MEDIUM
11 OR MORE POINTS ON ITEMS 1-7.....MAXIMUM

CHECK [X] ALL THE SPECIAL MANAGEMENT CONCERNS WHICH APPLY TO THIS INMATE

☐ PROTECTIVE CUSTODY
☐ PSYCHOLOGICAL IMPAIRMENT
☐ MENTAL DEFICIENCY
☐ ESCAPE THREAT
☐ SERIOUS VIOLENCE THREAT
☐ KNOWN GANG AFFILIATION
☐ SUBSTANCE ABUSE PROBLEM

☐ KNOWN MANAGEMENT PROBLEM
☐ SUSPECTED DRUG TRAFFICKER
☐ SUICIDE RISK
☐ MEDICAL PROBLEM
☐ PHYSICAL IMPAIRMENT
☐ OTHER (SPECIFY) _____

OVERRIDE OF CUSTODY SCALE LEVEL IS RECOMMENDED: 1. YES 2. NO

CODE: 2

IF YES GIVE RATIONAL (required) _____

RECOMMENDED CUSTODY LEVEL: 1. MINIMUM 2. MEDIUM 3. MAXIMUM

CODE: 2

OFFICER'S SIGNATURE: McMurray #043

DATE: 02/05/05

SUPERVISOR'S APPROVAL OF OVERRIDE:

RECOMMENDED CUSTODY LEVEL: 1. APPROVED 2. DISAPPROVED (must complete section below)

CODE: _____

FINAL CUSTODY LEVEL (if override disapproved)

1. MINIMUM 2. MEDIUM 3. MAXIMUM

CODE: _____

REASON FOR DISAPPROVAL: _____

SUPERVISOR'S SIGNATURE: _____

DATE: ____/____/____

Exhibit
HH

Training Packet

VENANGO COUNTY PRISON

You are about to begin your training as a correctional officer at the Venango County Prison.

During your next eight weeks you will receive intensive training in the area of corrections. You will learn the terms "Care, Custody, and Control". We will attempt to teach you the philosophy of corrections and communicate to you our expectations of you as a professional correctional officer.

Good inmate management requires proper custody procedures, good management policy, and fair and consistent treatment of the inmates. Success in fulfilling these requirements depends to a great extent on your attitude.

A prison employee is only effective as long as they command the respect of the inmates. Only an employee carrying out his/her duty in a fair and consistent manner earns their respect. Your example, as a professional, has a decided effect upon an inmate while they are incarcerated and can also affect them after their release. It is expected that you will perform your duties in a responsible manner with a high degree of efficiency and consistency.

Your training officers are dedicated to providing the best training to you as possible. You are expected to ask questions that are pertinent to jail policy and procedure.

You will be evaluated on your attitude and initiative. It is important that you demonstrate your desire to do a good job and to take the initiative to do so. As with anything new and different, we understand that there will be a certain amount of human error. This is expected. Be honest and straightforward. Don't be afraid to ask questions, we don't expect you to know everything.

You will also be evaluated on your personal appearance. It is important that you dress appropriately. You will be furnished uniforms and accompanying hardware. You will be permitted only to wear those items furnished or approved.

Your training officer will evaluate your performance at the end of each shift. Each evaluation will be reviewed to check your progress at the end of the week.

If you feel you are unsuited for the job, please notify us at once.

IMPORTANT THINGS TO REMEMBER

You are to be at your assigned duty post prior to the start of your shift and have been briefed by the off-going C.O. of that duty post.

There shall always be 1(one) C.O. in Central and 1st Floor Control at all times. These rooms are never to be vacated for any reason.

When assigned to observe the Rec. Yard, Law Library, and/or visitation you will never leave your duty station unless you are relieved or are called away for an emergency by the OIC.

Do not turn your back on the inmates and always back yourself out of wherever you are.

When a C.O. enters a block, be aware that they are in the block and where they are at all times.

Always be aware of your surroundings.

Never allow the inmates to address you by your 1st name, and do not address the inmates by their first names.

Example:

You will either be addressed as Officer Smith or Mr. or Ms. Smith.

You will always refer to the inmate as Mr. or Ms. Smith.

Be professional.

You are to be friendly with the inmates, but never become friends with them. Even if you know them from the streets. You can never trust them, as you never know who might be putting pressure on them to do something.

Never discuss your personal life or those of your coworkers around the inmates. It is none of their business what you or your coworkers do outside this facility.

If you don't know, or are not sure of something ask the Sergeant or Corporal on duty.

When escorting inmates they will walk along the right side of the wall. You will walk at least an arms length and at a 45-degree angle behind and to the left of the inmate, never beside or in front of inmate.

You will follow the policies on Strip Searches and the Pre-Trial Detainee Strip Search, all inmates will be searched before going into the secure area.

Exhibit
II

In The United States Court For
The Western District Of Pennsylvania

Jennifer Ann Fedorek,
Plaintiff

v.

Civil Action
No. 05 - 186

Ronald Snyder, et. al.,
Defendants

**DEFENDANT SNYDER'S ANSWERS TO PLAINTIFF'S FIRST SET OF
INTERROGATORIES TO DEFENDANTS**

In accordance with Rule 33 of the Federal Rules of Civil Procedure, Plaintiff requests that Defendant, Ronald Snyder, answer the following interrogatories under oath, and that the answers be signed by the person making them and be served on Plaintiff within 30 days of services of these interrogatories.

If you cannot answer the following interrogatories in full, after exercising due diligence to secure the information to do so, so state and answer the remainder and stating whatever information or knowledge you have concerning the unanswered portions.

These interrogatories shall be deemed continuing, so as to require supplemental answers as new and different information materializes.

1.) What are your responsibilities as a Warden?

ANSWER: I am no longer the Warden of the Venango County Prison, having left that position on April 7, 2006, but when I was Warden, my Position Description was as is set forth in the document of that title, produced herewith and stamped VCP 1 – VCP 4. That Position Description accurately describes my responsibilities as Warden.

2.) What notification and by whom did you receive it by about the incident on May 14, 2005?

ANSWER: I have no present recollection of any notification received or when it was received. However, in the ordinary course of the business I would have been orally notified of the incident on the next day on which I would have been on duty, which would have been Monday, May 16, 2005. I would have also been given copies of the Jail Incident Report (VCP 5 – VCP 7), the Report of Extraordinary Occurrence (VCP 8 – VCP 9) and the Statement Forms (VCP 10 – VCP 11). Copies of those documents are produced herewith.

3.) What did you do to resolve the problem?

ANSWER: I did not become involved in the situation other than to receive notice of its occurrence.

4.) Was there disciplinary action taken toward anyone involved?

ANSWER: No.

5.) What did you write about the incident in any reports?

ANSWER: I prepared no documents or notes concerning the incident.

May 18, 2006

/s/ Jennifer Ann Fedorek
Jennifer Ann Fedorek
451 Fullerton Avenue

672379

EXHIBIT
JJ

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

Jennifer Ann Fedorek,)	
)	
Plaintiff)	
)	Civil Action
v.)	No. 05-186 Erie
)	
Ronald Snyder , et. al.,)	
)	
Defendants)	

**DEFENDANT SNYDER'S ANSWERS TO PLAINTIFF'S SECOND SET OF
INTERROGATORIES TO DEFENDANTS**

In accordance with Rule 33 of the Federal Rules of Civil Procedure , Plaintiff requests that Defendant, Ronald Snyder, answer the following interrogatories under oath, and that the answers be signed by the person making them and be served on Plaintiff within 30 days of services of these interrogatories.

If you cannot answer the following (interrogatories in full, after exercising due diligence to secure the information to do so, state and answer the remainder and stating whatever information or knowledge you have concerning the unanswered portions.

These interrogatories shall be deemed continuing, so as to require supplemental answers as new and different information materializes

1.) Why was the Plaintiff in a Holding Cell?

ANSWER: She was removed from W Block at her request for her own safety. A holding cell was the only cell available to administratively segregate her.

2.) What authority do you have in regards as to where an inmate is housed within VCP?

ANSWER: Ultimate authority.

3.) Did you receive requests from the Plaintiff and/or any verbal exchange between yourself and the Plaintiff in regards to her housing?

ANSWER: I do not recall.

4.) How long was the Plaintiff in a Holding Cell?

ANSWER: See the document produced on 9-4-06 and stamped VCP 302.

5.) What is the maximum capacity of inmates in VCP? female inmates?

ANSWER: The maximum capacity of inmates is 155. There is no maximum capacity on a gender basis.

6.) Who looked into the grievance filed by the Plaintiff (RE: Grievance Response) and what action was taken?

ANSWER: See the documents produced on 9-4-06 and stamped VCP 280-VCP 284.

7.) Are inmates notified as to when they are placed in Administrative Segregation and/or Disciplinary Segregation?

ANSWER: Yes.

8.) Under what circumstances would an inmate be notified of of segregation? _____

ANSWER: When a request for segregation is granted or a decision is made independently of such a request.

EXHIBIT KK

VENANGO COUNTY

WARDEN

Position Description

Exempt

OVERALL PURPOSE OF JOB

The Warden is the chief officer of the Venango County Prison whose responsibility is to develop and implement policies and procedures for the efficient and orderly operation of the prison. In addition, the Warden is responsible for the dissemination of work assignments through the administrative staff.

ESSENTIAL FUNCTIONS OF JOB

1. Supervises the overall operation of the prison.
2. Supervises the staff of the County prison, handles all personnel-related matters including evaluations and recommends disciplinary actions in conjunction with the Prison Board.
3. Interviews potential employees and selects and recommends interviewee(s) to the Prison Board for approval for hire.
4. Develops policies and procedures for the efficient operation of the overall prison.
5. Prepares the fiscal year's budget and submits it for review and approval; oversees the entire budget and approved expenditures to maintain cost efficiency; works within the county's MUNIS System and is involved in contract issues with the county.
6. Maintains the appropriate training for the administrative staff and Prison staff to ensure training in the Standard Operations Procedure Manual, State Training Academy, and other related trainings that may be necessary or required.
7. Attends the monthly Prison Board meeting and any other special meetings required by the Board; makes recommendations and provides reports as required by the Prison Board.
8. Interacts daily with administrative staff, prison staff, police agencies, courts, parole/probation, attorneys, county personnel, general public and Prison Board in regard to essential job duties.
9. Maintains an up-to-date knowledge of the federal, state and local laws, codes, regulations and rules.
10. Operates the prison in compliance with federal, state and local laws, codes, regulations and rules.
11. Conducts quarterly inspections of the prison and recommends corrective action when needed; reports the results of the inspections to the Prison Board and corrective action if required; works with the Pennsylvania Bureau of Corrections during the inspection process and reports any corrective measures back to the Bureau and disseminates the same to the Prison Board.
12. Reviews the contracts of service providers and where warranted recommends changes to the Prison Board (i.e. telephone and computer, food service, medical, etc.)
13. Facilitates programs for potential rehabilitation of inmates.

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<#>Meets and consults with employees and union as needed.¶

<#>Assures that all staff receives proper training; conducts trainings when appropriate.¶

Attends meetings and serves on

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<#>Attends monthly sentence and arraignment court.¶

WARDEN

Position Description

Exempt

OTHER DUTIES OF JOB

1. Attends meetings, seminars and training as necessary.
2. Performs other job-related duties as required in relation to corrections.
3. Works daily at the prison and attends other job-required meetings.
4. Frequents on a prearranged schedule visits at the prison to meet with prison staff and holds meetings of discussion at irregular hours
5. Requests permission from the President of the Prison Board for leave and to attend training seminars.
6. Serves on boards in relation to operations of the prison, i.e. Pre-Release Advisory Board and Criminal Justice Advisory Board.

SUPERVISION RECEIVED

Receives limited instruction and/or supervision from the Prison Board in regard to the daily operations of the prison.

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SUPERVISION GIVEN

Supervises entire prison staff and is the principle point of contact for all matters concerning the prison.

WORKING CONDITIONS

1. Works indoors in adequate work space, lighting, ventilation and temperatures.
2. Works indoors with average exposure to noise but with frequent disruptions and stress.
3. Normal indoor exposure to dust/dirt.
4. Works "on call" or on an as-needed basis ("on call" 24 hours/7 days).
5. Works daily with potentially volatile, hostile or aggressive inmates.

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Position Description
Exempt
1

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PHYSICAL AND MENTAL CONDITIONS

1. Must possess ability to record, convey and present information, explain procedures and follow instructions.
2. Must be able to stand and sit for long periods of time throughout the workday with frequent walking and occasional twisting, reaching, climbing, pulling and pushing required for obtaining files, performing inspections or other job-related duties.
3. Dexterity requirements range from simple to coordinated movements of fingers/hands; feet/legs; torso necessary to carry out job duties.
4. Sedentary work with occasional lifting/carrying of objects with weight of ten pounds.
5. Must be able to cope with the physical and mental stress of the position.
6. Must be able to physically and mentally react quickly in the event of a disturbance or physical outbreak.
7. Must be able to pay close attention to details and concentrate on work.

WARDEN

Position Description

Exempt

QUALIFICATIONS

A. EDUCATION/TRAINING

Bachelor's degree (required) or Master's degree in Administration of Justice or related field. Certification in the corrections field by the Pennsylvania Bureau of Corrections. First Aid and CPR required. Certification in "less than lethal" devices. Must be proficient in Computer Science.

B. WORK EXPERIENCE

Five to ten years working in the field of corrections in a supervisory capacity. Must be able to prove a progressive advancement in rank position.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED

1. Must be able to speak in an understandable manner and comprehend the English language in order to carry out essential job duties.
2. Must possess initiative and problem-solving skills.
3. Must possess effective communication and interpersonal skills.
4. Must possess ability to function independently, have flexibility and the ability to work effectively with members of administration, staff, and others.
5. Must possess ability to maintain confidentiality in regard to inmate and county information and records.
6. Must possess the ability to make independent decisions when circumstances warrant such action.
7. Must possess a thorough knowledge in the operations of the prison concerning the federal, state and local laws, regulations and rules.
8. Must possess a technical knowledge of the legal standards and regulations governing the security and operation at a correctional institution. In addition, a thorough understanding of the county's personnel manual and present union contract.
9. Must possess advanced knowledge of principles and practices of effective supervision.
10. Must possess the ability to assign and review work of subordinates.
11. Must possess the ability to make appropriate recommendations concerning revisions to policies and procedures and make said recommendations to Prison Board.
12. Must possess the knowledge of behavior patterns of inmates and ability to respond in an appropriate and effective manner in relation to the classification to prisoners as prescribed by the Pennsylvania Bureau of Corrections.
13. Must possess excellent analytical ability and be able to develop and implement policies and procedures for maximum prison efficiency and safety.
14. Must possess excellent time management and organizational skills.
15. Must have an open unbiased attitude in all responsibilities of this position.

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WARDEN

Position Description

Exempt

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**Screen Print Listing
Venango County Prison**

EXHIBIT LL

Today's Date: 08/24/2006

Page 1 of 1

Last Name	First Name	Middle Name	Affix	Booking#	Permanent ID#	Social Security#	State ID#
FEDOREK	JENNIFER	A		04-1326	02-0015	164-68-7853	

Start Date	End Date	Type	Last Name	First Name	Middle Name	Affix	Permanent ID
04/19/2004 00:00	00/00/0000 00:00	ENEMY	SHIREY	BROOKE	R		01-0439
04/19/2004 00:00	00/00/0000 00:00	ENEMY	MCGINNIS	SARA	JENNE		04-0219
04/19/2004 00:00	00/00/0000 00:00	ENEMY	MULLEN	APRIL	A		05-0461
04/19/2004 00:00	00/00/0000 00:00	ENEMY	HEDGLIN	TONYA	MARIE		04-0073
04/19/2004 00:00	00/00/0000 00:00	ENEMY	FESENMYER	SARA	RAE		04-0427

Exhibit MM

Mr. Saborsky,

Jan. 18, 2005

I just would like this to be on file. My cellmate Amy Becker has informed me that Tina Eismont stated she was going to have me hit her so that I would go to State Prison. She is upset with me because I heard in here prior to her coming in this time that she had stole her parents' safe. My parents' told her parents' & that is why she is in here now. Apparently her parents' didn't know the safe was missing before she told everyone in here & so now she blames me. She has continued to call me names & start trouble with me. There was an incident with her tonight while I was on the phone & I guess my boyfriend Eric Hutchinson called in to tell the OIC, so he also had heard Tina Eismont & knows that she purposely started with me.

VCP 000000299 →

in probably can't help this
But I don't feel we could
be together considering the
fact that I am to blame
for telling my parents' which
is why she is here now. I
just don't want any trouble.
Jim called a snitch cause of
the drug deal in here already
& ~~me~~ to add this whole ordeal
with Gina Esimont just isn't
helping matters.

Thank you,
Jim Fedorek
Jen Fedorek

COUNTY OF VENANGO

☒ Misconduct Report ☐ Other

Number 50121	Name Fedorek, Jennifer	Misconduct Time 2200	Misconduct Date 1-21-05	Date of Report 1-21-05
Quarters 153	Assignment W Block	Place of Misconduct W Block		

OTHER INMATES OR STAFF INVOLVED OR WITNESSES (CHECK I OR W)

Number	Name	I	W	Number	Name	I	W
	Fedorek, Jennifer	I		046	CO FOX		
	Eismont, Tina	I					
0123	Hinnman, CO		I				

Misconduct Charge or other Action

Class I - Threatening another person
 Class II - (Arguing) Fighting or assaulting another person

Staff Member's Version

This CO went to W Block, entering the block Fedorek asked to speak with me + told me herself Inmate Eismont were fighting + name calling thru the vents + she was tired of it. CO informed her that Eismont would be receiving misconducts. Inmate Fedorek then stated she would kill herself.

Immediate Action taken and Reason

Fedorek in prison suit + moved to hold cell

Reporting Staff member Signature and Title

CO. Hinnman #123

Action Reviewed and Approved by Ranking C.O. on duty Signature and Title

SAKRAJ 77

Date and Time Inmate given copy

Date

1-21-05

Time

2230

Misconduct Category

☒ Class 1

☐ Class 2

Signature of Person serving Notice

CO FOX #46

Hearing Date

Hearing Time

Location of Hearing

Forms given to Inmate

☒ Request for Witnesses
☒ Inmate's Version

Notice to Inmate

You are scheduled for a hearing on this allegation on the date and time indicated or as soon thereafter as possible. You may remain silent if you wish, and anything you say will be used against you both at the hearing and in a court of law if this matter is referred for criminal prosecution. If you choose to remain silent, the hearing committee may hold your silence against you, but they must have some other evidence besides your silence in order to find you guilty. If you indicate that you wish to remain silent, you will be asked no further questions.

COUNTY OF VENANGO

☒ Misconduct Report

☐ Other

Number 150724362 Name Fedorek, Jennifer Misconduct Time 1000 Misconduct Date 24Jul05 Date of Report 24Jul05

Quarters 125 Assignment D Block Place of Misconduct Rec Yards Indoor

OTHER INMATES OR STAFF INVOLVED OR WITNESSES (CHECK I OR W)

Number	Name	I	W	Number	Name	I	W
	APLOSTOWSKI						
	COBODIE						
	CO CRAFT						

Misconduct Charge or other Action Class I Destroying, altering, tampering, damaging property. Repeated class II misconducts.

Staff Member's Version

This Inmate was at Rec Yards. This CO searched the inside Rec yards prior to inmates Fedorek and Elsmont being at Rec. Inspecting the Rec before another block went up. Writing was found on the walls, doors, and floors about other inmates from inmate Fedorek. This inmate has received numerous misconducts for this charge.

Immediate Action taken and Reason Misconduct written and seen. (Rule 50 State Prior To Misconduct)

Reporting Staff member Signature and Title CO Bodie 074 Action Reviewed and Approved by Ranking C.O. on duty Signature and Title Cpl. 56

Date and Time Inmate given copy Date 24Jul05 Time 1340 Misconduct Category ☒ Class 1 ☒ Class 2 Signature of Person serving Notice Craft #47

Hearing Date Hearing Time Location of Hearing ☒ Forms given to Inmate ☒ Request for Witnesses ☒ Inmate's Version

Notice to Inmate

You are scheduled for a hearing on this allegation on the date and time indicated or as soon thereafter as possible. You may remain silent if you wish, and anything you say will be used against you both at the hearing and in a court of law if this matter is referred for criminal prosecution. If you choose to remain silent, the hearing committee may hold your silence against you, but they must have some other evidence besides your silence in order to find you guilty. If you indicate that you wish to remain silent, you will be asked no further questions.

CERTIFICATE OF SERVICE

I, hereby state that I have caused copies of the foregoing petition/motion to be served on the persons indicated, by placing same in the United States repository at SCI-Cambridge Springs. In accordance with the Smith v. PBPP, 683 A.2d 278.

Postage prepaid and addressed as follows:

FIRST CLASS MAIL, POSTAGE PREPAID

James T. Marnen
Knox, McLaughlin, Gornall, & Sennett
120 West Tenth Street
Erie, PA 16501

Dated: 10/4/06

Respectfully submitted

Name Jennifer Ann Fedorek
Print name Jennifer Ann Fedorek

DOC# 059802

Address 451 Fullerton Avenue
Cambridge Springs, PA 16403-
1238